

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/7/3869</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep											
Total Depend											
Total Claims											

Application Number 10713869

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	26					
Total Depend						
Total Claims	27					